

Client Name:

CSHCS ID #:

Ottawa County Out-of-State Care Agreement



This letter is provided because of your request for out-of-state medical care through CSHCS. Be advised that out-of-state medical care is not automatically approved by CSHCS nor is coverage for out-of-state care renewed automatically. Out-of-state renewal is a separate process from annual renewal of CSHCS eligibility.

Ottawa County CSHCS requests that you sign and return this document acknowledging the following:

I am responsible to contact my CSHCS nurse at Ottawa County to ensure that approval for out-of-state care has been obtained prior to receiving that medical care.

To renew or initiate out-of-state approval I will do the following **each year** that out-of-state care is needed at least **3 months prior** to the anticipated care.

- Review medical care and the need for out-of-state medical care with my CSHCS nurse
- Have recent (within the past year) medical reports from the related in-state specialist sent to CSHCS
- If previously seen, obtain medical reports from the out-of-state specialist(s). *It may be best to request these reports at each visit.*

I have been informed that for out-of-state care to be covered by CSHCS the following must be true:

- Comparable care cannot be provided within the State of Michigan
- The service must be prior authorized by CSHCS
- The care must be related to the CSHCS covered diagnosis
- The care must be coordinated by an in-state specialist
- The service must have been determined medically necessary by Michigan Department of Community Health
- The out-of-state provider must be approved by the CSHCS medical consultant and be enrolled with Michigan Medicaid

I have been informed that for out-of-state transportation and lodging assistance to be provided I must:

- Have CSHCS prior-authorization for the out-of-state provider being seen
- Contact the Ottawa County CSHCS program nurse and/or the Family Phone Line to request prior-authorization of this assistance
- Utilize the least expensive and most appropriate mode of transportation available
- Complete and return the travel voucher according to the instructions described on the form

It is my responsibility to contact CSHCS in a timely manner if I have questions or concerns regarding out-of-state medical care approval.

Printed name of Client/Parent/Legal Guardian

CSHCS Nurse

Signature of Client/Parent/Legal Guardian

Date

Cc: File

CSHCS Nurse Signature

Date

Cc:

Laura Haiderer, RN: 616-844-2488

Leslie Ver Duin, RN: 616-844-2977

CSHCS Family Phone Line: 1-800-359-3722

www.michigan.gov/cshcs